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CONFIRMATION NO. 5820

<b>SERIAL NUMBER</b> 10/660,188	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 101340-334-NP
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**APPLICANTS**

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Yes, (HF) 06/05/07

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/409,792 09/11/2002 and claims benefit of 60/409,905 09/11/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>W. H. H. H.</i> Initials: HF				

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**TITLE**

Advanced switching architecture

<b>FILING FEE RECEIVED</b> 482	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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